90-890000601

EAGLE PICHER Plastics Division

PLASTICS DIVISION • Eagle-Picher Industries, Inc.
Div. Headquarters, Sales Office and Mfg. Plant
14123 ROTH ROAD • GRABILL, IN 46741-0500
Telephone: 219-627-3612
Fax: 219-627-3361

August 9, 1989

DOCUMENT PROCESSING CENTER
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M. Street, S.W.
Washington, D.C. 20460
ATTN: CAIR Reporting Office

RE: Eagle-Picher Plastics Division; Ashley Plant

To Whom it May Concern:

Attached hereto is a copy of the above captioned report.

The substance we are reporting on is TDI and was contained in the Pliogrip 6000 which we purchased from Ashland Chemical Company. We used this particular product for approximately 15 days during December of 1987. This period of use fell within the reporting frame coverage period.

The applicable questions are as follows:

1, 2.04 thru 2.09, 2.11 thru 2.16, 3 all, 4.01 thru 4.05, 5 all, 6.05, 7.01, 7.03 thru 7.06, 8.01, 8.05, 8.06, 8.23, 9.01 thru 9.15, 9.19, 9.20, 9.22, 10.01, 10.02, 10.05, 10.06, 10.08 thru 10.16, and 10.23.

We at Eagle-Picher Plastics Division wish to acknowledge the technical support which was furnished by Mr. Paul F. Horstmann, Mgr., Product Information Services of the Ashland Chemical Co., whose help was invaluable in the completing of this report.

Respectfully submitted,

James C. Bradley

James C. Bradley, PhD., P.E.
Division Manager, Environmental Affairs

/ds
Encl.

EPA

Form Approved
OMB No. 2010-0019
Approval Expires 12-31-89

EPA-OTS

0006114750

90-890000601

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Comprehensive Assessment Information Rule

REPORTING FORM

When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: _____

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Control Number: _____

Docket Number: _____

EPA Form 7710-52

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] (mo.) [2][2] (day) [8][8] (year)

CBI

[ ] a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. ..... [0][2][6][4][7][1]-[6][2]-[5]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule ..... Benzene 1,3 diisocyanatomethyl-

(ii) Name of mixture as listed in the rule .... Toluene diisocyanate

(iii) Trade name as listed in the rule ..... Pliogrip 6000

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule ..... Group B2 Carcinogen

CAS No. of chemical substance ..... [0][2][6][4][7][1]-[6][2]-[5]

Name of chemical substance ..... Toluene Diisocyante

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI

Manufacturer 1

[ ] Importer 2

Processor ..... (3)

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

[ ] Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

[ ]

Yes ..... [ ] Go to question 1.04

No ..... [X] Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

[ ]

Yes 1

No 2

b. Check the appropriate box below:

[ ] You have chosen to notify your customers of their reporting obligations

Provide the trade name(s) .... _____ --

_____ --

[ ] You have chosen to report for your customers

[ ] You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

[ ]

Trade name ..... Pliogrip 6000 from Ashland

Is the trade name product a mixture? Circle the appropriate response.

Yes ..... (1)

No 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

[ ] "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

James R. Gregory	James R. Gregory	8-15-89
NAME	SIGNATURE	DATE SIGNED
Plant Manager	(219) 587 - 9155	
TITLE	TELEPHONE NO.	

[ ] Mark (X) this box if you attach a continuation sheet.

1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI
[__]

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

NAME	SIGNATURE	DATE SIGNED
TITLE	(_____) _____ - _____ TELEPHONE NO.	DATE OF PREVIOUS SUBMISSION

1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI
[__]

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

NAME	SIGNATURE	DATE SIGNED
TITLE	(_____) _____ - _____ TELEPHONE NO.	

[__] Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name [ ][ ][ ][ ][ ][ ][E][A][G][L][E][-][P][I][C][H][E][R][ ][P][L][A][S][T][I][C]

[ ] Address [ ][ ][3][2][0][ ][S][O][U][T][H][ ][W][A][B][A][S][H][ ][S][T][R][E][E][T]
Street

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][A][S][H][L][E][Y]
City

[I][N] [4][6][7][0][5]--[ ][ ][ ][ ]
State Zip

Dun & Bradstreet Number .....[0][1]-[6][3][5]-[1][2][7][2]

EPA ID Number .....[0][9][8][6][4][7][2][6][6]

Employer ID Number .....3.[1][0][2][6][8][6][7][0]

Primary Standard Industrial Classification (SIC) Code .....[3][0][7][9]

Other SIC Code .....[2][8][2][1]

Other SIC Code .....[ ][ ][ ][ ]

1.10 Company Headquarters Identification

CBI Name [ ][ ][ ][ ][ ][ ][E][A][G][L][E][-][P][I][C][H][E][R][ ][P][L][A][S][T][I][C]

[ ] Address [ ][ ][ ][ ][ ][ ][ ][ ][ ][1][4][1][2][3][ ][R][O][T][H][ ][R][O][A][D]
Street

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][G][R][A][B][I][L][L]
City

[I][N] [4][6][7][4][1]--[0][5][0][0]
State Zip

Dun & Bradstreet Number .....[0][1]-[6][3][5]-[1][2][7][2]

Employer ID Number .....3[1][0][2][6][8][6][7][0]

[ ] Mark (X) this box if you attach a continuation sheet.

1.11 Parent Company Identification

CBI Name [ ][ ][ ][E][A][G][L][E][-][P][I][C][H][E][R][ ][I][N][D][U][S][T][R][I][E][S]

[ ] Address [ ][ ][ ][ ][ ][ ][ ][5][8][0][ ][W][A][L][N][U][T][ ][S][T][R][E][E][T]
Street

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][C][I][N][C][I][N][N][A][T][I]
City

[O][H] [4][5][2][0][2]--[ ][ ][ ][ ]
State Zip

Dun & Bradstreet Number .....[0][0]-[4][2][3]-[2][8][7][2]

1.12 Technical Contact

CBI Name [ ][ ][ ][ ][ ][ ][ ][D][O][U][G][L][A][S][ ][A][ ][B][I][E][D][E][N][W][E][G]

[ ] Title [ ][E][N][V][I][R][O][N][M][E][N][T][A][L][ ][C][O][O][R][D][I][N][A][T][O][R]

Address [ ][ ][3][2][0][ ][S][O][U][T][H][ ][W][A][L][N][U][T][ ][S][T][R][E][E][T]
Street

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][A][S][H][L][E][Y]
City

[I][N] [4][6][7][0][5]--[ ][ ][ ][ ]
State Zip

Telephone Number .....[2][1][9]-[5][8][7]-[9][1][5][5]

1.13 This reporting year is from ..... [1][2] [8][7] to [1][2] [8][8]
Mo. Year Mo. Year

[ ] Mark (X) this box if you attach a continuation sheet.

1.14 Facility Acquired -- If you purchased this facility during the reporting year, provide the following information about the seller:

CBI Name of Seller [ ]

[ ] Mailing Address [ ]
Street

[ ]
City

[ ][ ] [ ][ ][ ][ ][ ]--[ ][ ][ ][ ]
State Zip

Employer ID Number .....[ ][ ][ ][ ][ ][ ][ ][ ]

Date of Sale .....[ ][ ] [ ][ ] [ ][ ]
Mo. Day Year

Contact Person [ ]

Telephone Number .....[ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]

1.15 Facility Sold -- If you sold this facility during the reporting year, provide the following information about the buyer:

CBI Name of Buyer [ ]

[ ] Mailing Address [ ]
Street

[ ]
City

[ ][ ] [ ][ ][ ][ ][ ]--[ ][ ][ ][ ]
State Zip

Employer ID Number .....[ ][ ][ ][ ][ ][ ][ ][ ]

Date of Purchase .....[ ][ ] [ ][ ] [ ][ ]
Mo. Day Year

Contact Person [ ]

Telephone Number .....[ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]

[ ] Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI
[ ]

Classification	Quantity (kg/yr)
Manufactured	N/A
Imported	N/A
Processed (include quantity repackaged)	3070
Of that quantity manufactured or imported, report that quantity:	N/A
In storage at the beginning of the reporting year	
For on-site use or processing	N/A
For direct commercial distribution (including export)	N/A
In storage at the end of the reporting year	N/A
Of that quantity processed, report that quantity:	
In storage at the beginning of the reporting year	3070
Processed as a reactant (chemical producer)	N/A
Processed as a formulation component (mixture producer)	N/A
Processed as an article component (article producer)	3070
Repackaged (including export)	N/A
In storage at the end of the reporting year	0

[ ] Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

[ ]

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
Isocyanate Polymer	Ashland Chemical	49.6 ± 12
Talc	Ashland Chemical	16.0 ± 8
TDI	Ashland Chemical	10.0 ± 0.2
MIO	Ashland Chemical	4.4 ± 3.6
Polyol I	Ashland Chemical	10.4 ± 0.5
Polyol II	Ashland Chemical	6.5 ± 0.5
Urethane Polymer	Ashland Chemical	2.5 ± 0.5
Amine	Ashland Chemical	0.6 ± 0.4
		Total 100%

[ ] Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

[ ] Year ending ..... [1][1] Mo. [8][7] Year

Quantity manufactured ..... N/A kg

Quantity imported ..... N/A kg

Quantity processed ..... 18,180 kg

Year ending ..... [1][1] Mo. [8][6] Year

Quantity manufactured ..... N/A kg

Quantity imported ..... N/A kg

Quantity processed ..... 11,020 kg

Year ending ..... [1][1] Mo. [8][5] Year

Quantity manufactured ..... N/A kg

Quantity imported ..... N/A kg

Quantity processed ..... 551 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

Not Applicable

[ ]

Continuous process 1

Semicontinuous process 2

Batch process 3

[ ] Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all
CBI appropriate process types.

[ ]

Continuous process 1

Semicontinuous process 2

Batch process ..... (3)

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this
CBI question.)

[ ]

Manufacturing capacity ..... -- kg/yr

Processing capacity ..... -- kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production
CBI volume.

[ ]

	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase			
Amount of decrease			3070

NOTE: Pliogrip 6000 was eliminated from this plant on or about 12-15-87.

It should be noted that Pliogrip 6000 was only used for approximately 15 days in fiscal year 1988.

[ ] Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

[ ]

	Days/Year	Average Hours/Day
Process Type #1 (The process type involving the largest quantity of the listed substance.)		
Manufactured	--	-
Processed	15	8
Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)		
Manufactured	-	-
Processed	0	0
Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)		
Manufactured	-	-
Processed	0	0

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

[ ]

Maximum daily inventory	-	kg
Average monthly inventory	-	kg

[ ] Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

[ ]

CAS No.	Chemical Name	Byproduct, Coproduct or Impurity[1]	Concentration (%) (specify ± % precision)	Source of Byproducts, Coproducts, or Impurities
N/A	Isocyanate Polymer	C	45.0 ± 15.0	Rx Prdt.
N/A	Talc	C	20.0 ± 10.0	Raw Matl.
N/A	Methylenephenylene-Isocyarateolignmer	C	5.5 ± 4.5	Rx. Prdt.

[1]Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

[ ] Mark (X) this box if you attach a continuation sheet.

2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

[ ]

a. Product Types[1]	b. % of Quantity Manufactured, Imported, or Processed	c. % of Quantity Used Captively On-Site	d. Type of End-Users[2]
X	100%	100%	CM

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/Sensitizer
D = Inhibitor/Stabilizer/Scavenger/Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

NOTE: After mixing Pliogrip 6000 with 6011H TDI is neutralized. This mixture is used as adhesive for bonding.

[ ] Mark (X) this box if you attach a continuation sheet.

2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

[ ]

a. Product Types[1]	b. % of Quantity Manufactured, Imported, or Processed	c. % of Quantity Used Captively On-Site	d. Type of End-Users[2]
-0-	-0-	-0-	-0-

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/Sensitizer
D = Inhibitor/Stabilizer/Scavenger/Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

Note: product is no longer used at this facility

[ ] Mark (X) this box if you attach a continuation sheet.

2.14 CBI [ ] Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

a. Product Type[1]	b. Final Product's Physical Form[2]	c. Average % Composition of Listed Substance in Final Product	d. Type of End-Users[3]
-0-	-0-	-0-	-0-

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/Sensitizer
D = Inhibitor/Stabilizer/Scavenger/Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the final product's physical form:

A = Gas
B = Liquid
C = Aqueous solution
D = Paste
E = Slurry
F1 = Powder
F2 = Crystalline solid
F3 = Granules
F4 = Other solid
G = Gel
H = Other (specify) _____

[3]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) the listed

NOTE: TDI is neutralized therefore substance is not present in our customers' final product.

[ ] Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the
CBI listed substance to off-site customers.

[ ] Truck 1

Railcar 2

Barge, Vessel 3

Pipeline 4

Plane 5

Other (specify) _____ 6

Not applicable - see Section 2.14

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers or prepared by your customers during the reporting year for use under each category
CBI of end use listed (i-iv).

[ ]

Category of End Use

i. Industrial Products

Chemical or mixture ..... -- kg/yr

Article ..... -- kg/yr

ii. Commercial Products

Chemical or mixture ..... -- kg/yr

Article ..... -- kg/yr

iii. Consumer Products

Chemical or mixture ..... -- kg/yr

Article ..... -- kg/yr

iv. Other

Distribution (excluding export) ..... -- kg/yr

Export ..... -- kg/yr

Quantity of substance consumed as reactant ..... -- kg/yr

Unknown customer uses ..... -- kg/yr

Not applicable - see Section 2.14

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.
[ ]

Source of Supply	Quantity (kg)	Average Price ($/kg)
The listed substance was manufactured on-site.	Not applicable	
The listed substance was transferred from a different company site.	Not applicable	
The listed substance was purchased directly from a manufacturer or importer.	3070	$4.82
The listed substance was purchased from a distributor or repackager.	N/A	
The listed substance was purchased from a mixture producer.	N/A	

3.02 Circle all applicable modes of transportation used to deliver the listed substance to
CBI your facility.
[ ]

Truck ..... (1)
Railcar 2
Barge, Vessel 3
Pipeline 4
Plane 5
Other (specify) _____ 6

[ ] Mark (X) this box if you attach a continuation sheet.

3.03 CBI a. Circle all applicable containers used to transport the listed substance to your facility.

[ ]

Bags 1

Boxes 2

Free standing tank cylinders 3

Tank rail cars 4

Hopper cars 5

Tank trucks 6

Hopper trucks 7

Drums ..... (8)

Pipeline 9

Other (specify) _____ 10

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders ..... -- mmHg

Tank rail cars ..... -- mmHg

Tank trucks ..... -- mmHg

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the CBI average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

[ ]

Trade Name	Supplier or Manufacturer	Average % Composition by Weight (specify ± % precision)	Amount Processed (kg/yr)
Isocyanate Polymer	Ashland Chemical	49.6 ± 12.0	1523
Talc	Ashland Chemical	16.0 ± 8.0	491
TDI	Ashland Chemical	10.0 ± 0.2	307
MIO	Ashland Chemical	4.4 ± 3.6	135
Polyol I	Ashland Chemical	10.4 ± 0.5	319
Polyol II	Ashland Chemical	6.5 ± 0.5	200
Urethane Polymer	Ashland Chemical	2.5 ± 0.5	77
Amine	Ashland Chemical	0.6 ± 0.4	18

Note: TDI prior to the combining of the curative is 14.7% the precision is unknown.

[ ] Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 CBI [ ] State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

	Quantity Used (kg/yr)	% Composition by Weight of Listed Substance in Raw Material (specify ± % precision)
Class I chemical	451	14.7
Class II chemical	--	--
Polymer	--	--

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

4.01 Specify the percent purity for the three major[1] technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

[ ]

	Manufacture	Import	Process
Technical grade #1	N/A % purity	N/A % purity	14.7 % purity
Technical grade #2	N/A % purity	N/A % purity	N/A % purity
Technical grade #3	N/A % purity	N/A % purity	N/A % purity

[1]Major = Greatest quantity of listed substance manufactured, imported or processed.

4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes ..... (1)

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source ..... (2)

[ ] Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes 1

No ..... (2)

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

[ ]

	Physical State				
Activity	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	(3)	4	5
Store	1	2	(3)	4	5
Dispose	1	2	3	4	5
Transport	1	2	3	4	5

[ ] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

[ ]

Not applicable

Physical State		Manufacture	Import	Process	Store	Dispose	Transport
Dust	<1 micron			--			
	1 to <5 microns			--			
	5 to <10 microns			--			
Powder	<1 micron			--			
	1 to <5 microns			--			
	5 to <10 microns			--			
Fiber	<1 micron			--			
	1 to <5 microns			--			
	5 to <10 microns			--			
Aerosol	<1 micron			--			
	1 to <5 microns			--			
	5 to <10 microns			--			

Not applicable

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) .... -- (1/M cm) at -- nm

Reaction quantum yield, ϕ ..... -- at -- nm

Direct photolysis rate constant, k_p, at ... -- 1/hr -- latitude

b. Oxidation constants at 25°C:

For $^1O_2$ (singlet oxygen), k_{ox} ..... -- 1/M hr

For RO_2 (peroxy radical), k_{ox} ..... -- 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... -- mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b... -- 1/hr

Specify culture ..... --

e. Hydrolysis rate constants:

For base-promoted process, k_B ..... -- 1/M hr

For acid-promoted process, k_A ..... -- 1/M hr

For neutral process, k_N ..... -- 1/hr

f. Chemical reduction rate (specify conditions) --

--

g. Other (such as spontaneous degradation) ... --

NOTE: Information is not available

[ ] Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

Media	Half-life (specify units)
Groundwater	--
Atmosphere	--
Surface water	--
Soil	--

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

CAS No.	Name	Half-life (specify units)		Media
--	--	--	in	--
--	--	--	in	--
--	--	--	in	--
--	--	--	in	--
--	--	--		--

5.03 Specify the octanol-water partition coefficient, K_{ow} ... -- at 25°C

Method of calculation or determination ..... --

--

5.04 Specify the soil-water partition coefficient, K_d ..... -- at 25°C

Soil type ..... --

5.05 Specify the organic carbon-water partition coefficient, K_{oc} ..... -- at 25°C

5.06 Specify the Henry's Law Constant, H ..... -- atm-m^3/mole

NOTE: Information not available

[ ] Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

Bioconcentration Factor	Species	Test[1]
--	--	--
--	--	--
--	--	--

[1]Use the following codes to designate the type of test:

F = Flowthrough
S = Static

NOTE: Information not available

[ ] Mark (X) this box if you attach a continuation sheet.

6.04 CBI [ ] For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

Market	Quantity Sold or Transferred (kg/yr)	Total Sales Value ($/yr)
Retail sales	--	--
Distribution -- Wholesalers	--	--
Distribution -- Retailers	--	--
Intra-company transfer	--	--
Repackagers	--	--
Mixture producers	--	--
Article producers	--	--
Other chemical manufacturers or processors	--	--
Exporters	--	--
Other (specify)		
_____	--	--

6.05 CBI [ ] Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

Substitute	Cost ($/kg)
Pliogrip 6600	5.64
Pliogrip 6610	6.53
Lord Fusor	6.67

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

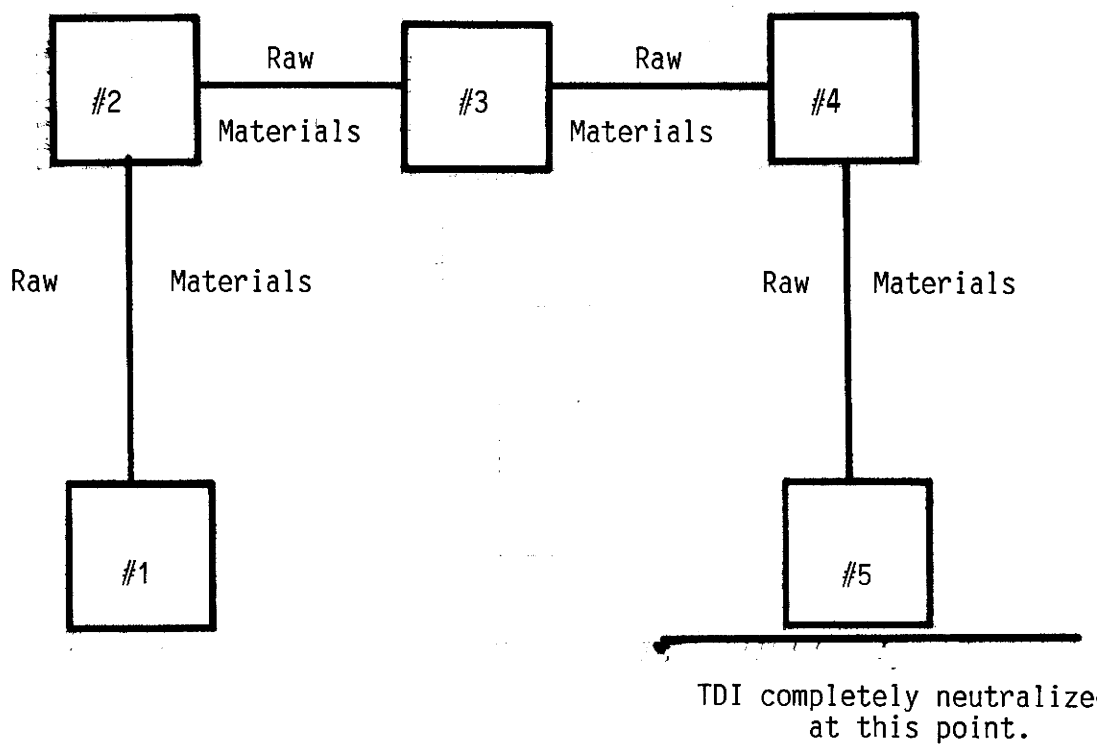
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

[ ] Process type ..... Adhesive mixing



[ ] Mark (X) this box if you attach a continuation sheet.

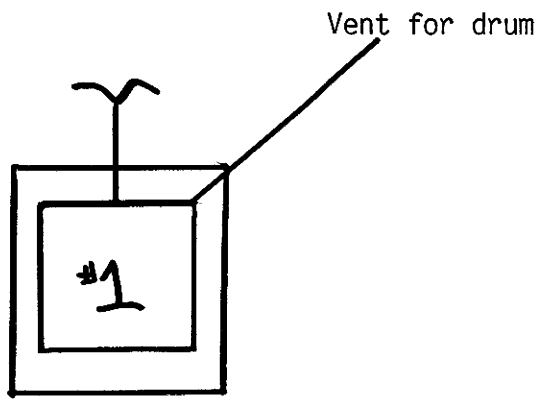
7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

[ ] Process type ..... Adhesive mixing

None

Note: A line is connected to a 55 gallon drum of Pliogrip 6000 and is fed to a mixer where Pliogrip 6011H is added. At this point TDI is neutralized.



[ ] Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Adhesive mixing

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
1	Drum	27° C	20,686	Steel
2	Pump	27° C	20,686	Steel
3	Check valve	27° C	20,686	Steel
4	Meter	27° C	62,057	Steel
5	Mixer	27° C	62,057	Steel plastic

Note: Pressures are static

[ ] Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Adhesive mixing

Process Stream ID Code	Process Stream Description	Physical State[1]	Stream Flow (kg/yr)
1	Fluid flows	OL	3070
2	Fluid flows	OL	3070
3	Fluid flows	OL	3070
4	Fluid flows	OL	3070
5	Fluid flows	OL	3838

[1]Use the following codes to designate the physical state for each process stream:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

At stream ID code #3 Pliogrip 6000 and Pliogrip 6011H is mixed together. At this point TDI is neutralized.

[ ] Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

[ ] Process type ..... Adhesive mixing

a. Process Stream ID Code	b. Known Compounds[1]	c. Concentrations[2,3] (% or ppm)	d. Other Expected Compounds	e. Estimated Concentrations (% or ppm)
	MSDS		Unknown	N/A
	TDI	14.7%		
1 thru 5				

7.06 continued below

See MSDS #'s 316 & 333; they are included in this report.

[ ] Mark (X) this box if you attach a continuation sheet.

72-62-7820-01

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DIVISION OF ASHLAND OIL, INC.
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MATERIAL SAFETY DATA SHEET

MSDS # 316

000068 PLIOGRIP 6000

THIS MSDS COMPLIES WITH 29 CFR 1910.1200 (THE HAZARD COMMUNICATION STANDARD)

****

PRODUCT NAME: PLIOGRIP 6000

EAGLE-PICHER INDUSTRIES INC
N/A
GRABILL IN 46705

ATTN: PLANT MGR./SAFETY DIR.

03 54 004 2860000-
DATA SHEET NO: 0171496-002
LATEST REVISION DATE: 08/85-85233
PRODUCT: 583002
INVOICE: 480277
INVOICE DATE: 07/25/85
TO: EAGLE-PICHER INDUSTRIES INC
320 SOUTH WABASH STREET
ASHLEY IN 46705

SECTION I-PRODUCT IDENTIFICATION

GENERAL OR GENERIC ID: URETHANE PREPOLYMER

HAZARD CLASSIFICATION: (99) NOT APPLICABLE

SECTION II-HAZARDOUS COMPONENTS

INGREDIENT	PERCENT	PEL	TLV		*
ISOCYANATE POLYMER	30-60				(1)
TALC	10-30	3	2	MG/M3	(2)
TOLUENE DIISOCYANATE Cas # 584-84-9	10-15	0.02	0.02	PPM - CEILING	
METHYLENEPHENYLENE ISOCYANATE OLIGOMER	1-10	0.02	0.02	PPM - CEILING	

(1): PEL/TLV NOT ESTABLISHED FOR THIS MATERIAL

(2): AS RESPIRABLE DUST. PEL REPRESENTS A CONVERSION FROM MPPCF TO MG/CUM.

conversion TO gal × 11.0 lbs/gal

SECTION III-PHYSICAL DATA

PROPERTY	REFINEMENT	MEASUREMENT
INITIAL BOILING POINT	FOR COMPONENT(1-10 %)	406.00 DEG F (207.77 DEG C) @ 5.00 MMHG
VAPOR PRESSURE	FOR COMPONENT(10-15 %)	< 0.01 MMHG @ 68.00 DEG F (20.00 DEG C)
VAPOR DENSITY		HEAVIER THAN AIR
SPECIFIC GRAVITY		1.320 @ 77.00 DEG F (25.00 DEG C)
PERCENT VOLATILES		10-15 %
EVAPORATION RATE		SLOWER THAN ETHER

SECTION IV-FIRE AND EXPLOSION DATA

FLASH POINT(TOC) 270.00 DEG F
(132.22 DEG C)

EXPLOSIVE LIMIT (LOWEST VALUE OF COMPONENT) LOWER - .9%

EXTINGUISHING MEDIA: REGULAR FOAM OR WATER FOG OR CARBON DIOXIDE OR DRY CHEMICAL

HAZARDOUS DECOMPOSITION PRODUCTS: MAY FORM TOXIC MATERIALS:, CARBON DIOXIDE AND CARBON MONOXIDE, VARIOUS HYDROCARBONS, NITROGEN COMPOUNDS, HYDROGEN CYANIDE, ETC.

SPECIAL FIREFIGHTING PROCEDURES: WEAR SELF-CONTAINED BREATHING APPARATUS WITH A FULL FACEPIECE OPERATED IN PRESSURE-DEMAND OR OTHER POSITIVE PRESSURE MODE AND FULL BODY PROTECTIVE CLOTHING WHEN FIGHTING FIRES.

WATER OR FOAM MAY CAUSE FROTHING WHICH CAN BE VIOLENT AND POSSIBLY ENDANGER THE LIFE OF THE FIREFIGHTER, ESPECIALLY IF SPRAYED INTO CONTAINERS OF HOT, BURNING LIQUID.

UNUSUAL FIRE & EXPLOSION HAZARDS: NEVER USE WELDING OR CUTTING TORCH ON OR NEAR DRUM (EVEN EMPTY) BECAUSE PRODUCT (EVEN JUST RESIDUE) CAN IGNITE EXPLOSIVELY.

SECTION V-HEALTH HAZARD DATA

PERMISSIBLE EXPOSURE LEVEL: NOT ESTABLISHED FOR PRODUCT, SEE SECTION II AND SECTION IX.

EFFECTS OF OVEREXPOSURE: FOR PRODUCT

EYES - CAN CAUSE SEVERE IRRITATION, REDNESS, TEARING, BLURRED VISION.

CONTINUED ON PAGE: 2

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SECTION V-HEALTH HAZARD DATA (CONTINUED)

SKIN - CAN CAUSE REDDENING, IRRITATION, DERMATITIS, POSSIBLE SENSITIZATION.
BREATHING - CAN CAUSE NASAL AND RESPIRATORY IRRITATION, TIGHTNESS OF CHEST, COUGHING, HEADACHE, AND SHORTNESS OF BREATH. CAN CAUSE ALLERGIC SENSITIZATION.
SWALLOWING - CAN CAUSE GASTROINTESTINAL IRRITATION, NAUSEA, VOMITING, AND DIARRHEA.

FIRST AID:

IF ON SKIN: THOROUGHLY WASH EXPOSED AREA WITH SOAP AND WATER. IF IRRITATION OR RASH DEVELOPS, GET MEDICAL ATTENTION. REMOVE CONTAMINATED CLOTHING. LAUNDER CONTAMINATED CLOTHING BEFORE RE-USE.

IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER, LIFTING UPPER AND LOWER LIDS OCCASIONALLY. GET MEDICAL ATTENTION.

IF SWALLOWED: DO NOT INDUCE VOMITING. VOMITING WILL CAUSE FURTHER DAMAGE TO THE THROAT. DILUTE BY GIVING WATER. GIVE MILK OF MAGNESIA. KEEP WARM, QUIET. GET MEDICAL ATTENTION IMMEDIATELY.

IF BREATHED: IF AFFECTED, REMOVE INDIVIDUAL TO FRESH AIR. IF TIGHTNESS OR CONGESTION IN CHEST DEVELOPS, GET MEDICAL ATTENTION.

PRIMARY ROUTE(S) OF ENTRY:

INHALATION

SKIN CONTACT

SECTION VI-REACTIVITY DATA

HAZARDOUS POLYMERIZATION: CAN OCCUR -- AVOID CONTACT WITH STRONG ALKALIES, STRONG MINERAL ACIDS, AND WATER.

STABILITY: STABLE

INCOMPATIBILITY: AVOID CONTACT WITH:, STRONG ALKALIES., STRONG MINERAL ACIDS., WATER

SECTION VII-SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:

SMALL SPILL: ABSORB LIQUID ON PAPER, VERMICULITE, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND TRANSFER TO HOOD.

LARGE SPILL: PERSONS NOT WEARING PROTECTIVE EQUIPMENT SHOULD BE EXCLUDED FROM AREA OF SPILL UNTIL CLEAN-UP HAS BEEN COMPLETED. STOP SPILL AT SOURCE, DIKE AREA OF SPILL TO PREVENT SPREADING, PUMP LIQUID TO SALVAGE TANK. NEUTRALIZE SPILL WITH AN AQUEOUS SOLUTION OF AMMONIA. REMAINING LIQUID MAY BE TAKEN UP ON SAND, CLAY, EARTH, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND SHOVELED INTO CONTAINERS.

WASTE DISPOSAL METHOD:

SMALL SPILL: ALLOW VOLATILE PORTION TO EVAPORATE IN HOOD. ALLOW SUFFICIENT TIME FOR VAPORS TO COMPLETELY CLEAR HOOD DUCT WORK. DISPOSE OF REMAINING MATERIAL IN ACCORDANCE WITH APPLICABLE REGULATIONS.

LARGE SPILL: DESTROY BY LIQUID INCINERATION IN ACCORDANCE WITH APPLICABLE REGULATIONS.
CONTAMINATED ABSORBENT MAY BE DEPOSITED IN A LANDFILL IN ACCORDANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS.

SECTION VIII-PROTECTIVE EQUIPMENT TO BE USED

RESPIRATORY PROTECTION: IF TLV OF THE PRODUCT OR ANY COMPONENT IS EXCEEDED, A NIOSH/MSHA JOINTLY APPROVED AIR SUPPLIED RESPIRATOR IS ADVISED IN ABSENCE OF PROPER ENVIRONMENTAL CONTROL. OSHA REGULATIONS ALSO PERMIT OTHER NIOSH/MSHA RESPIRATORS UNDER SPECIFIED CONDITIONS. (SEE YOUR SAFETY EQUIPMENT SUPPLIER). ENGINEERING OR ADMINISTRATIVE CONTROLS SHOULD BE IMPLEMENTED TO REDUCE EXPOSURE.

VENTILATION: PROVIDE SUFFICIENT MECHANICAL (GENERAL AND/OR LOCAL EXHAUST) VENTILATION TO MAINTAIN EXPOSURE BELOW TLV(S).

PROTECTIVE GLOVES: WEAR RESISTANT GLOVES SUCH AS:, NATURAL RUBBER, POLYVINYL ALCOHOL

EYE PROTECTION: CHEMICAL SPLASH GOGGLES IN COMPLIANCE WITH OSHA REGULATIONS ARE ADVISED; HOWEVER, OSHA REGULATIONS ALSO PERMIT OTHER TYPE SAFETY GLASSES. (CONSULT YOUR SAFETY EQUIPMENT SUPPLIER)

OTHER PROTECTIVE EQUIPMENT: TO PREVENT REPEATED OR PROLONGED SKIN CONTACT, WEAR IMPERVIOUS CLOTHING AND BOOTS.

SECTION IX-SPECIAL PRECAUTIONS OR OTHER COMMENTS

CONTAINERS OF THIS MATERIAL MAY BE HAZARDOUS WHEN EMPTIED. SINCE EMPTIED CONTAINERS RETAIN PRODUCT RESIDUES (VAPOR, LIQUID, AND/OR SOLID), ALL HAZARD PRECAUTIONS GIVEN IN THIS DATASHEET MUST BE OBSERVED.

CONTINUED ON PAGE: 3

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SECTION IX-SPECIAL PRECAUTIONS OR OTHER COMMENTS (CONTINUED)

PROLONGED INHALATION OF TALC DUST IN HIGH CONCENTRATIONS CAN CAUSE PULMONARY FIBROSIS.

OVEREXPOSURE TO COMPONENTS HAS BEEN SUGGESTED AS A CAUSE OF THE FOLLOWING EFFECTS IN HUMANS:, RESPIRATORY SENSITIZATION, SKIN SENSITIZATION, LUNG DAMAGE

THE INFORMATION ACCUMULATED HEREIN IS BELIEVED TO BE ACCURATE BUT IS NOT WARRANTED TO BE WHETHER ORIGINATING WITH ASHLAND OR NOT. RECIPIENTS ARE ADVISED TO CONFIRM IN ADVANCE OF NEED THAT THE INFORMATION IS CURRENT, APPLICABLE, AND SUITABLE TO THEIR CIRCUMSTANCES.

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MATERIAL SAFETY DATA SHEET

MSDS # 333

THIS MSDS COMPLIES WITH 29 CFR 1910.1200 (THE HAZARD COMMUNICATION STANDARD)

****

PRODUCT NAME: PLIOGRIP 6011 H

EAGLE-PICHER INDUSTRIES INC
N/A
GRABILL IN 46705

ATTN: PLANT MGR./SAFETY DIR.

03 54 004 2860000-
DATA SHEET NO: 0175262-002
LATEST REVISION DATE: 10/85-85288
PRODUCT: 583059
INVOICE: 480277
INVOICE DATE: 07/25/85
TO: EAGLE-PICHER INDUSTRIES INC
320 SOUTH WABASH STREET
ASHLEY IN 46705

SECTION I-PRODUCT IDENTIFICATION

GENERAL OR GENERIC ID: MODIFIED POLYOL

HAZARD CLASSIFICATION: (99) NOT APPLICABLE

SECTION II-HAZARDOUS COMPONENTS

INGREDIENT	% (BY WT)	PEL	TLV	NOTE
POLYOL *	50-55			(1)
POLYOL *	30-35			(2)
URETHANE POLYMER *	10-15			(3)
AMINE *	1-5	10	10 PPM	

(1): PEL/TLV NOT ESTABLISHED FOR THIS MATERIAL

(2): PEL/TLV NOT ESTABLISHED FOR THIS MATERIAL

(3): PEL/TLV NOT ESTABLISHED FOR THIS MATERIAL

*THE SPECIFIC CHEMICAL IDENTITY HAS BEEN WITHHELD AS A TRADE SECRET.

SECTION III-PHYSICAL DATA

PROPERTY	REFINEMENT	MEASUREMENT
INITIAL BOILING POINT	FOR COMPONENT(1-5 %)	242.00 DEG F (116.66 DEG C) @ 760.00 MMHG
VAPOR PRESSURE	FOR COMPONENT(1-5%)	10.00 MMHG @ 68.00 DEG F (20.00 DEG C)
VAPOR DENSITY		HEAVIER THAN AIR
SPECIFIC GRAVITY		1.058 @ 77.00 DEG F (25.00 DEG C)
PERCENT VOLATILES		1-10%
EVAPORATION RATE		SLOWER THAN ETHER

SECTION IV-FIRE AND EXPLOSION DATA

FLASH POINT > 300.00 DEG F
(148.88 DEG C)

EXPLOSIVE LIMIT (LOWEST VALUE OF COMPONENT) LOWER - 5.8%

EXTINGUISHING MEDIA: REGULAR FOAM OR WATER FOG OR CARBON DIOXIDE OR DRY CHEMICAL

HAZARDOUS DECOMPOSITION PRODUCTS: MAY FORM TOXIC MATERIALS:, CARBON DIOXIDE AND CARBON MONOXIDE, VARIOUS HYDROCARBONS, NITROGEN COMPOUNDS, HYDROGEN CYANIDE, ETC.

SPECIAL FIREFIGHTING PROCEDURES: WEAR SELF-CONTAINED BREATHING APPARATUS WITH A FULL FACEPIECE OPERATED IN PRESSURE-DEMAND OR OTHER POSITIVE PRESSURE MODE AND FULL BODY PROTECTIVE CLOTHING WHEN FIGHTING FIRES.

WATER OR FOAM MAY CAUSE FROTHING WHICH CAN BE VIOLENT AND POSSIBLY ENDANGER THE LIFE OF THE FIREFIGHTER, ESPECIALLY IF SPRAYED INTO CONTAINERS OF HOT, BURNING LIQUID.

UNUSUAL FIRE & EXPLOSION HAZARDS: NEVER USE WELDING OR CUTTING TORCH ON OR NEAR DRUM (EVEN EMPTY) BECAUSE PRODUCT (EVEN JUST RESIDUE) CAN IGNITE EXPLOSIVELY.

SECTION V-HEALTH HAZARD DATA

PERMISSIBLE EXPOSURE LEVEL: NOT ESTABLISHED FOR PRODUCT; SEE SECTION II AND SECTION IX.

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SECTION V-HEALTH HAZARD DATA (CONTINUED)

EFFECTS OF OVEREXPOSURE: FOR PRODUCT

EYES - CAUSES IRRITATION, REDNESS, TEARING.
SKIN - CAN CAUSE REDDENING, IRRITATION, DERMATITIS, POSSIBLE SENSITIZATION.
BREATHING - CAN CAUSE NASAL AND RESPIRATORY IRRITATION, TIGHTNESS OF CHEST, COUGHING, HEADACHE, AND SHORTNESS OF BREATH. CAN CAUSE ALLERGIC SENSITIZATION.
SWALLOWING - CAN CAUSE GASTROINTESTINAL IRRITATION, NAUSEA, VOMITING, AND DIARRHEA.

FIRST AID:

IF ON SKIN: THOROUGHLY WASH EXPOSED AREA WITH SOAP AND WATER. IF IRRITATION OR RASH DEVELOPS, GET MEDICAL ATTENTION. REMOVE CONTAMINATED CLOTHING. LAUNDER CONTAMINATED CLOTHING BEFORE RE-USE.

IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER, LIFTING UPPER AND LOWER LIDS OCCASIONALLY. GET MEDICAL ATTENTION.

IF SWALLOWED: IMMEDIATELY DRINK TWO GLASSES OF WATER AND INDUCE VOMITING BY EITHER GIVING IPECAC SYRUP OR BY PLACING FINGER AT BACK OF THROAT. NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON. GET MEDICAL ATTENTION IMMEDIATELY.

IF BREATHED: IF AFFECTED, REMOVE INDIVIDUAL TO FRESH AIR. IF TIGHTNESS OR CONGESTION IN CHEST DEVELOPS, GET MEDICAL ATTENTION.
IF AFFECTED, REMOVE INDIVIDUAL TO FRESH AIR. IF BREATHING IS DIFFICULT, ADMINISTER OXYGEN. IF BREATHING HAS STOPPED, GIVE ARTIFICIAL RESPIRATION. KEEP PERSON WARM, QUIET, AND GET MEDICAL ATTENTION.

PRIMARY ROUTE(S) OF ENTRY:

INHALATION

SKIN CONTACT

SECTION VI-REACTIVITY DATA

HAZARDOUS POLYMERIZATION: CANNOT OCCUR

STABILITY: STABLE

INCOMPATIBILITY: AVOID CONTACT WITH:, STRONG ALKALIES., STRONG MINERAL ACIDS., WATER, AMINES, ALCOHOLS

SECTION VII-SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:

SMALL SPILL: ABSORB LIQUID ON PAPER, VERMICULITE, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND TRANSFER TO HOOD.

LARGE SPILL: PERSONS NOT WEARING PROTECTIVE EQUIPMENT SHOULD BE EXCLUDED FROM AREA OF SPILL UNTIL CLEAN-UP HAS BEEN COMPLETED. STOP SPILL AT SOURCE, DIKE AREA OF SPILL TO PREVENT SPREADING, PUMP LIQUID TO SALVAGE TANK. REMAINING LIQUID MAY BE TAKEN UP ON SAND, CLAY, EARTH, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND SHOVELED INTO CONTAINERS.

WASTE DISPOSAL METHOD:

SMALL SPILL: ALLOW VOLATILE PORTION TO EVAPORATE IN HOOD. ALLOW SUFFICIENT TIME FOR VAPORS TO COMPLETELY CLEAR HOOD DUCT WORK. DISPOSE OF REMAINING MATERIAL IN ACCORDANCE WITH APPLICABLE REGULATIONS.

LARGE SPILL: DESTROY BY LIQUID INCINERATION IN ACCORDANCE WITH APPLICABLE REGULATIONS.
CONTAMINATED ABSORBENT MAY BE DEPOSITED IN A LANDFILL IN ACCORDANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS.

SECTION VIII-PROTECTIVE EQUIPMENT TO BE USED

RESPIRATORY PROTECTION: IF TLV OF THE PRODUCT OR ANY COMPONENT IS EXCEEDED, A NIOSH/MSHA JOINTLY APPROVED AIR SUPPLIED RESPIRATOR IS ADVISED IN ABSENCE OF PROPER ENVIRONMENTAL CONTROL. OSHA REGULATIONS ALSO PERMIT OTHER NIOSH/MSHA RESPIRATORS UNDER SPECIFIED CONDITIONS. (SEE YOUR SAFETY EQUIPMENT SUPPLIER). ENGINEERING OR ADMINISTRATIVE CONTROLS SHOULD BE IMPLEMENTED TO REDUCE EXPOSURE.

VENTILATION: PROVIDE SUFFICIENT MECHANICAL (GENERAL AND/OR LOCAL EXHAUST) VENTILATION TO MAINTAIN EXPOSURE BELOW TLV(S).

PROTECTIVE GLOVES: WEAR RESISTANT GLOVES SUCH AS:, POLYETHYLENE

EYE PROTECTION: CHEMICAL SPLASH GOGGLES IN COMPLIANCE WITH OSHA REGULATIONS ARE ADVISED; HOWEVER, OSHA REGULATIONS ALSO PERMIT OTHER TYPE SAFETY GLASSES. (CONSULT YOUR SAFETY EQUIPMENT SUPPLIER)

OTHER PROTECTIVE EQUIPMENT: TO PREVENT REPEATED OR PROLONGED SKIN CONTACT, WEAR IMPERVIOUS CLOTHING AND BOOTS.

CONTINUED ON PAGE: 3

SECTION IX-SPECIAL PRECAUTIONS OR OTHER COMMENTS

CONTAINERS OF THIS MATERIAL MAY BE HAZARDOUS WHEN EMPTIED. SINCE EMPTIED CONTAINERS RETAIN PRODUCT RESIDUES (VAPOR, LIQUID, AND/OR SOLID), ALL HAZARD PRECAUTIONS GIVEN IN THIS DATASHEET MUST BE OBSERVED.

OVEREXPOSURE TO COMPONENT HAS APPARENTLY BEEN FOUND TO CAUSE THE FOLLOWING EFFECTS IN LABORATORY ANIMALS:, LIVER ABNORMALITIES, KIDNEY DAMAGE, LUNG DAMAGE

OVEREXPOSURE TO COMPONENT HAS BEEN SUGGESTED AS A CAUSE OF THE FOLLOWING EFFECTS IN HUMANS:, RESPIRATORY SENSITIZATION, SKIN SENSITIZATION

THE INFORMATION ACCUMULATED HEREIN IS BELIEVED TO BE ACCURATE BUT IS NOT WARRANTED TO BE WHETHER ORIGINATING WITH ASHLAND OR NOT. RECIPIENTS ARE ADVISED TO CONFIRM IN ADVANCE OF NEED THAT THE INFORMATION IS CURRENT, APPLICABLE, AND SUITABLE TO THEIR CIRCUMSTANCES.

 LAST PAGE--SEE ATTACHMENT PAGE ENCLOSED--LAST PAGE

7.06 (continued)

[1]For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1	None	--
2	--	--
3	--	--
4	--	--
5	--	--

[2]Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

[3]Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

[ ] Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

[ ] Process type ..... Adhesive mixing

No residual is generated.

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Adhesive mixing

a. Stream ID Code	b. Type of Hazardous Waste[1]	c. Physical State of Residual[2]	d. Known Compounds[3]	e. Concentrations (% or ppm)[4,5,6]	f. Other Expected Compounds	g. Estimated Concentrations (% or ppm)
None	N/A					
--	--					
--	--					
--	--					

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[1]Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

[2]Use the following codes to designate the physical state of the residual:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[3]For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1	None	--

[4]Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[5]Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

[6]Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

Code	Method	Detection Limit (± ug/l)
1	None	
2		
3		
4		
5		
6		

NOTE: No analytical testing was done.

[ ] Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... Adhesive mixing

a. Stream ID Code	b. Waste Description Code[1]	c. Management Method Code[2]	d. Residual Quantities (kg/yr)	e. Management of Residual (%) On-Site	e. Management of Residual (%) Off-Site	f. Costs for Off-Site Management (per kg)	g. Changes in Management Methods
None	N/A						

[1]Use the codes provided in Exhibit 8-1 to designate the waste descriptions

[2]Use the codes provided in Exhibit 8-2 to designate the management methods

[ ] Mark (X) this box if you attach a continuation sheet.

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

[ ]

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

[ ] Note: No Incinerators are on site

Incinerator	Air Pollution Control Device[1]	Types of Emissions Data Available
1	N/A	--
2	--	--
3	--	--

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes .....N/A..... 1

No 2

---

[1]Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)
E = Electrostatic precipitator
O = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

[ ]

Data Element	Data are Maintained for: Hourly Workers	Salaried Workers	Year in Which Data Collection Began	Number of Years Records Are Maintained
Date of hire	x	x	1977	Permanent
Age at hire	x	x	"	"
Work history of individual before employment at your facility	X	X	"	"
Sex	x	x	"	"
Race	x	x	"	"
Job titles	x	x	"	"
Start date for each job title	x	x	"	"
End date for each job title	x	x	"	"
Work area industrial hygiene monitoring data	None	--	--	--
Personal employee monitoring data	None	--	--	--
Employee medical history	x	x		
Employee smoking history	None	--	--	--
Accident history	x	x	1977	Permanent
Retirement date	x	x	"	"
Termination date	X	X	"	"
Vital status of retirees	None	--	--	--
Cause of death data	None	--	--	--

[ ] Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

[ ]

a. Activity	b. Process Category	c. Yearly Quantity (kg)	d. Total Workers	e. Total Worker-Hours
Manufacture of the listed substance	Enclosed	-0-		
	Controlled Release	-0-		
	Open	-0-		
On-site use as reactant	Enclosed	-0-		
	Controlled Release	-0-	9	1080
	Open	-0-		
On-site use as nonreactant	Enclosed	-0-		
	Controlled Release	-0-		
	Open	-0-		
On-site preparation of products	Enclosed	-0-		
	Controlled Release	-0-		
	Open	-0-		

TDI was only used for 15 days of the fiscal year that we are reporting. Then the process change and no more TDI.

[ ] Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

[ ]

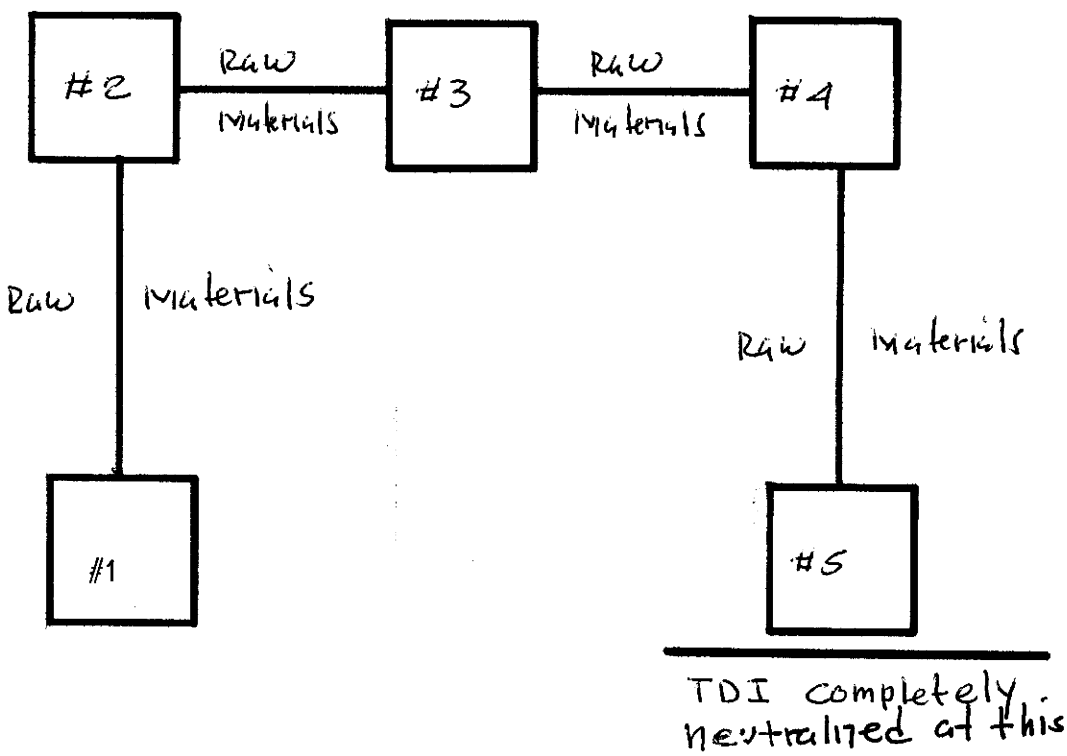
Labor Category	Descriptive Job Title
A	Maintenance
B	Group Leader
C	Assembly Line Workers
D	
E	
F	
G	
H	
I	
J	

[ ] Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

[ ] Process type ..... Adhesive Mixing



Note: The above flow diagram takes place in the bonding area.

[ ] Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Adhesive mixing

Work Area ID	Description of Work Areas and Worker Activities
1	Changing drums/maintenance hook-up
2	
3	
4	
5	
6	
7	
8	
9	
10	

[ ] Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Adhesive mixing

Work area ..... Maintenance

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance[1]	Average Length of Exposure Per Day[2]	Number of Days per Year Exposed
A	1	Inhalation/skin	OL	A	15
B	1	" "	GU	E	15
C	7	" "	GU	E	15

[1]Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure; includes fumes, vapors, etc.)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[2]Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
B = Greater than 15 minutes, but not exceeding 1 hour
C = Greater than one hour, but not exceeding 2 hours
D = Greater than 2 hours, but not exceeding 4 hours
E = Greater than 4 hours, but not exceeding 8 hours
F = Greater than 8 hours

[ ] Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Adhesive mixing

Work area ..... Maintenance

Labor Category	8-hour TWA Exposure Level (ppm, mg/m^3, other-specify)	15-Minute Peak Exposure Level (ppm, mg/m^3, other-specify)
A	-- 0.005 ppm	-- 0.02 ppm
B	-- 0.005 ppm	-- 0.02 ppm
C	-- 0.005 ppm	-- 0.02 ppm

No industrial hygiene testing done.

[ ] Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI Note: No Monitoring is being done

[ ]

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples[1]	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	N/A	--	--	--	--	--
General work area (air)	N/A					
Wipe samples	N/A					
Adhesive patches	N/A					
Blood samples	N/A					
Urine samples	N/A					
Respiratory samples	N/A					
Allergy tests	N/A					
Other (specify) _____	N/A					
Other (specify) _____						
Other (specify) _____						

[1]Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist
B = Insurance carrier
C = OSHA consultant
D = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

CBI

[ ]	Sample Type	Sampling and Analytical Methodology
	None	--

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

[ ]	Equipment Type[1]	Detection Limit[2]	Manufacturer	Averaging Time (hr)	Model Number
	None	--	--	--	--

[1]Use the following codes to designate personal air monitoring equipment types:

A = Passive dosimeter
B = Detector tube
C = Charcoal filtration tube with pump
D = Other (specify) _____

Use the following codes to designate ambient air monitoring equipment types:

E = Stationary monitors located within work area
F = Stationary monitors located within facility
G = Stationary monitors located at plant boundary
H = Mobile monitoring equipment (specify) _____
I = Other (specify) _____

[2]Use the following codes to designate detection limit units:

A = ppm
B = Fibers/cubic centimeter (f/cc)
C = Micrograms/cubic meter (μ/m^3)

[ ] Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

[__]	Test Description	Frequency (weekly, monthly, yearly, etc.)
	NONE	

[__] Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Adhesive mixing

Work area ..... Maintenance

Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgraded
Ventilation:				
Local exhaust	--	--	--	--
General dilution	Y	1984	N	--
Other (specify)				
_____	--	--	--	--
Vessel emission controls	--	--	--	--
Mechanical loading or packaging equipment	--	--	--	--
Other (specify)				
_____				

[ ] Mark (X) this box if you attach a continuation sheet.

9.13 **Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.**

CBI

[ ] Process type ..... Adhesive mixing

Work area ..... Maintenance

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
None	---

[ ] Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... Adhesive mixing

Work area ..... Maintenance

Equipment Types	Wear or Use (Y/N)
Respirators	N
Safety goggles/glasses	Y
Face shields	N
Coveralls	N
Bib aprons	Y
Chemical-resistant gloves	Y
Other (specify)	

[ ] Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Adhesive mixing

Work Area	Respirator Type	Average Usage[1]	Fit Tested (Y/N)	Type of Fit Test[2]	Frequency of Fit Tests (per year)
--	N/A	--	--	--	--

[1]Use the following codes to designate average usage:

A = Daily
B = Weekly
C = Monthly
D = Once a year
E = Other (specify) _____

[2]Use the following codes to designate the type of fit test:

QL = Qualitative
QT = Quantitative

[ ] Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this CBI question and complete it separately for each process type and work area.

[ ]

Process type ..... Adhesive mixing

Work area ..... Maintenance

Worker training per hazard communication Standard. Drums were labled & signs were used

9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type .....

Work area .....

Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
Sweeping				
Vacuuming				
Water flushing of floors				
Other (specify)				
	X			

No routine leaks or spills.
Spill material (Absorption) used in case of accidental spills

[ ] Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes 1

No 2

Emergency exposure

Yes 1

No 2

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes 1

No ..... (2)

If yes, where are copies of the plan maintained? _____

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes .....N/A..... 1

No 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

[ ] Industrial area ..... (1)

Urban area 2

Residential area ..... (3)

Agricultural area ..... (4)

Rural area ..... (5)

Adjacent to a park or a recreational area ..... (6)

Within 1 mile of a navigable waterway 7

Within 1 mile of a school, university, hospital, or nursing home facility ..... (8)

Within 1 mile of a non-navigable waterway ..... (9)

Other (specify) _____ 10

[ ] Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude ..... 41 ° 31 ' 00 "

Longitude ..... 85 ° 03 ' 30 "

UTM coordinates ..... Zone Unknown , Northing Unknown , Easting Unknown

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation ..... -- inches/year

Predominant wind direction ..... --

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater ..... -- meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of Y, N, and NA.)

CBI

[ ]

On-Site Activity	Environmental Release		
	Air	Water	Land
Manufacturing	--	--	--
Importing	--	--	--
Processing	Y	N	N
Otherwise used	--	--	--
Product or residual storage	--	--	--
Disposal	--	--	--
Transport	--	--	--

[ ] Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

[ ]

Quantity discharged to the air	Unknown	kg/yr ± Unknown	%
Quantity discharged in wastewaters	--	kg/yr ± --	%
Quantity managed as other waste in on-site treatment, storage, or disposal units	--	kg/yr ± --	%
Quantity managed as other waste in off-site treatment, storage, or disposal units	--	kg/yr ± --	%

[ ] Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Adhesive mixing

Stream ID Code	Control Technology	Percent Efficiency
#1	None	N/A
2	None	N/A
3	None	N/A
4	None	N/A
5	None	N/A

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI
[ ]

Process type ..... Adhesive mixing

Point Source ID Code	Description of Emission Point Source
#1	Drum vent

[ ] Mark (X) this box if you attach a continuation sheet.

[ ] Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics - - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ]

Point Source ID Code	Physical State[1]	Average Emissions (kg/day)	Frequency[2] (days/yr)	Duration[3] (min/day)	Average Emission Factor[4]	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
#1	Vapor	Unknown	75	5	Unknown	Unknown	Unknown	5

[1]Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) X

[2]Frequency of emission at any level of emission

[3]Duration of emission at any level of emission

[4]Average Emission Factor — Provide estimated (± 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ]

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m)[1]	Building Width(m)[2]	Vent Type[3]
--	--	--	--	--	--	--	--
--	--	--	--	--	--	--	--
--	--	--	--	--	--	--	--
--	--	--	--	--	--	--	--
--	--	--	--	--	--	--	--
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--	--	--	--	--	--	--	--
--	--	--	--	--	--	--	--
--	--	--	--	--	--	--	--

[1]Height of attached or adjacent building

[2]Width of attached or adjacent building

[3]Use the following codes to designate vent type:

H = Horizontal
V = Vertical

Not applicable

[ ] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ]

Point source ID code ..... _____

Size Range (microns)	Mass Fraction (% ± % precision)
< 1	--
≥ 1 to < 10	--
≥ 10 to < 30	--
≥ 30 to < 50	--
≥ 50 to < 100	--
≥ 100 to < 500	--
≥ 500	--
	Total = 100%

Not applicable

[ ] Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Adhesive mixing

Percentage of time per year that the listed substance is exposed to this process type ..... 4 %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					
	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals[1]						
Packed						
Mechanical						
Double mechanical[2]						
Compressor seals[1]			6			
Flanges			2			
Valves						
Gas[3]						
Liquid						
Pressure relief devices[4] (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines[5] (e.g., purge, vent)						
Gas						
Liquid						

[1] List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

[ ] Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

[2]If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

[3]Conditions existing in the valve during normal operation

[4]Report all pressure relief devices in service, including those equipped with control devices

[5]Lines closed during normal operation that would be used during maintenance operations

Not applicable

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI

[ ]

a. Number of Pressure Relief Devices	b. Percent Chemical in Vessel[1]	c. Control Device	d. Estimated Control Efficiency[2]
--	--	--	--
--	--	--	--
--	--	--	--
--	--	--	--
--	--	--	--
--	--	--	--
--	--	--	--
--	--	--	--
--	--	--	-

[1]Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

[2]The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

Not applicable

[ ] Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... Adhesive mixing

Equipment Type	Leak Detection Concentration (ppm or mg/m^3) Measured at ____ Inches from Source	Detection Device[1]	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Completed (days after initiated)
Pump seals					
Packed	--	--	--	--	--
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

[1]Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer
FPM = Fixed point monitoring
O = Other (specify) _____

Not applicable

[ ] Mark (X) this box if you attach a continuation sheet.

10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

[ ]

Vessel Type[1]	Floating Roof Seals[2]	Composition of Stored Materials[3]	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operating Vessel Volume (l)	Vessel Emission Controls[4]	Design Flow Rate[5]	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate[6]
--	--	--	--	--	--	--	--	--	--	--	--	--	--

[1]Use the following codes to designate vessel type:

F = Fixed roof
CIF = Contact internal floating roof
NCIF = Noncontact internal floating roof
EFR = External floating roof
P = Pressure vessel (indicate pressure rating)
H = Horizontal
U = Underground

[2]Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
MS2 = Shoe-mounted secondary
MS2R = Rim-mounted, secondary
LM1 = Liquid-mounted resilient filled seal, primary
LM2 = Rim-mounted shield
LMW = Weather shield
VM1 = Vapor mounted resilient filled seal, primary
VM2 = Rim-mounted secondary
VMW = Weather shield

[3]Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

[4]Other than floating roofs

[5]Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

[6]Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
S = Sampling

Not applicable

[ ] Mark (X) this box if you attach a continuation sheet.

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases. No Releases

Release	Date Started	Time (am/pm)	Date Stopped	Time (am/pm)
1	--	--	--	--
2				
3				
4				
5				
6				

10.24 Specify the weather conditions at the time of each release.

Release	Wind Speed (km/hr)	Wind Direction	Humidity (%)	Temperature (°C)	Precipitation (Y/N)
1	--	--	--	--	--
2					
3					
4					
5					
6					

Not applicable

[ ] Mark (X) this box if you attach a continuation sheet.

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